

BEST AVAILABLE COPY

D. Reed
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 08/765244	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		1				
2		1		1			52		1				
3		2		1			53		1				
4		1		1			54		1				
5		1		1			55		1				
6		1		1			56		2				
7		1		1			57		2				
8		1		1			58		2				
9		1		1			59		2				
10		1		1			60		2				
11		1		1			61		2				
12		2		2			62						
13		2		2			63						
14		2		2			64						
15		2		2			65						
16		2		2			66						
17		1		1			67						
18		1		1			68						
19		1		1			69						
20		1		1			70						
21		1		1			71						
22		1		1			72						
23		1		1			73						
24		1		1			74						
25	1		1				75						
26		1		1			76						
27		1		1			77						
28		1		1			78						
29		1		1			79						
30		1		1			80						
31		1		1			81						
32		1		1			82						
33		1		1			83						
34		1		1			84						
35		1		1			85						
36		1		1			86						
37		1		1			87						
38		1		1			88						
39		1		1			89						
40		1		1			90						
41		1		1			91						
42		1		1			92						
43		1		1			93						
44		1		1			94						
45		1		1			95						
46		1		1			96						
47		1		1			97						
48		1		1			98						
49		1		1			99						
50		1		1			100						
TOTAL IND.	2		2				TOTAL IND.						
TOTAL DEP.		70					TOTAL DEP.						
TOTAL CLAIMS	61		72				TOTAL CLAIMS						